

P 592 431 905

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to RON MCFADDEN	
VICE PRES OF FINANCE	
Street and No. INTERPACE INDUSTRIES	
P.O., State and ZIP Code WOODINVILLE WA 98072	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	28 1989 USPS

115-304-8861 U.P.O.D.G.S.N *

2861 94F 0086 WMO PS

J BURNS DOC# M/049/006 & M/057/003 LB 3/24

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

RON MCFADDEN
VICE PRES OF FINANCE
INTERPACE INDUSTRIES
WOODINVILLE WA 98072

4. Article Number

P 592 431 905

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

8. Addressee's Address (ONLY if requested and fee paid)

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

3-30-89